

MISSOURI DEPARTMENT OF HIGHER EDUCATION
MISSOURI DHE STUDENT LOAN PROGRAM
3515 Amazonas Drive, Jefferson City, MO 65109
(800) 473-6757; (573) 751-3940

PHYSICIAN'S STATEMENT OF CONDITION

Section 1 - Borrower Information (To be completed by borrower)

SSN: _____
 Name: _____
 Address: _____
 City, State, Zip: _____
 Telephone: _____

Borrower Authorization, Understanding, & Certification:

I authorize any physician, hospital or other institution having records about the impairment or condition for which I had previously requested discharge of my Federal Family Education Loans to make information from these records available to the Missouri Department of Higher Education.

 Borrower (Borrower's Representative) Signature/Date

Section 2 - Physician's Certification (To be completed by physician)

Instructions for Physician: You are being asked to complete and sign this form to certify that the aforementioned person whose loan(s) were previously discharged due to a total and permanent disability is presently able to engage in substantial gainful activity because the disabling condition or impairment has substantially improved.

Diagnosis of the aforementioned person's present medical condition:

 Borrower is: Ambulatory _____ Other _____
 When did the aforementioned person's illness/injury substantially improve?

 (mm/dd/ccyy)

Prognosis: _____

I certify that I am a doctor of medicine or osteopathy and legally authorized to practice and that in my best professional judgement, the person named above is able to engage in substantial gainful activity, i.e., work and earn money.

Physician's Signature/Date: _____
 Physician's Name (typed/print): _____
 Address: _____
 City, State, Zip: _____
 Telephone: _____
 State of Professional Registration: _____
 Professional Registration Number: _____

PLEASE RETURN THIS FORM TO THE MO. DEPT. OF HIGHER EDUCATION
AT THE ADDRESS LISTED ABOVE

BORROWER ACKNOWLEDGEMENT

(Note: The borrower's signature on this document must be notarized.)

I, the undersigned, do hereby acknowledge that any subsidized and/or unsubsidized Federal Stafford or PLUS loan(s) disbursed on or subsequent to the date this acknowledgement is signed and entered into may not be discharged in the future based on any impairment or condition described in the attached "Physician's Statement of Condition", **unless** that impairment or condition substantially deteriorates to the status of a total and permanent disability as it is defined in 34 CFR 682.200*.

*34 CFR 682.200 defines total and permanent disability as the condition of an individual who is unable to work and earn money because of an injury or illness that is expected to continue indefinitely or result in death.

Borrower's signature

DATE: _____

STATE OF MISSOURI)
) ss.

COUNTY OF _____)

_____, being duly sworn on his/her oath, states that the matters set forth in the foregoing document are true and correct according to the best of his/her knowledge, information and belief.

Borrower's signature

Subscribed and sworn to before me this _____ day of _____, _____.
(year)

My commission expires:

Notary Public

PLEASE RETURN THIS FORM WITH THE PHYSICIAN'S STATEMENT OF CONDITION TO:

Missouri Department of Higher Education
Missouri DHE Student Loan Program
3515 Amazonas Drive, Jefferson City, MO 65109

AGREEMENT TO REAFFIRM FFEL PROGRAM LOANS

This agreement is made and entered into this _____ day of _____, 20____, by and between the Missouri Department of Higher Education ("MDHE") and _____ ("Borrower") of _____.

WHEREAS, Borrower previously applied for and received one or more Federal Family Education Loan (FFEL) Program loans guaranteed by the MDHE and the outstanding amount due on the loan(s) was previously discharged pursuant to Borrower's application for discharge based upon Borrower's total and permanent disability; and

WHEREAS, Borrower's loan(s) was discharged on or after July 1, 2001 and before July 1, 2002; and

WHEREAS, Borrower applied for a new Federal Stafford or PLUS loan within three years of the date Borrower became disabled; and

WHEREAS, Borrower desires to reaffirm the FFEL Program loan obligation(s) and make payment in full of the amount(s) previously discharged, plus any amount(s) that may in the future become due and owing on the loans, including interest and collection costs; and

WHEREAS, Borrower's agreement to reaffirm and pay the previously discharged FFEL Program loan(s) is made voluntarily and is made pursuant to 34 C.F.R. 682.401(a)(6) for the purpose of enabling Borrower to become eligible to apply for and obtain additional Federal Stafford or PLUS loan(s) guaranteed by the MDHE; and

WHEREAS, Borrower acknowledges that satisfactory repayment arrangements (six voluntary, on-time, consecutive, monthly payments) must be made on all previously discharged FFEL Program loan(s) that were in a default status prior to discharge before Borrower receives an additional Federal Stafford or PLUS loan(s) guaranteed by the MDHE; and

WHEREAS, a true and accurate copy of the application(s) and promissory note(s) signed by Borrower for the previously discharged FFEL Program loan(s) is attached hereto as Exhibit(s) ____; and

WHEREAS, Borrower acknowledges and agrees that the principal and accrued interest owed by Borrower on the loan(s) at the time of discharge are accurately set forth below and that interest will continue to accrue on the unpaid principal amount(s) from the date of this agreement at the original interest rate, as set forth below, until the loan(s) is paid in full. Borrower promises to repay the loan(s) either in full at this time or by remitting monthly payments as negotiated with the MDHE. Borrower agrees that, if any payment is missed or is late, the MDHE may immediately undertake such actions to collect the full outstanding balance as permitted by law and in accordance with the Borrower's promissory note(s).

